

Name in Full

Certificate of Death

Scholastica Arnd

Died at Elkton, Cecil County, MARYLAND

Died at	Elkton	Town	Month	Day	Y.	M.	D.	Native of	Occupation
Date	1903	Nov	25		84			Germany	
								Divorced	
Female	White	Age	Married	Singler	Widower			Number of children living	6
	Colored								

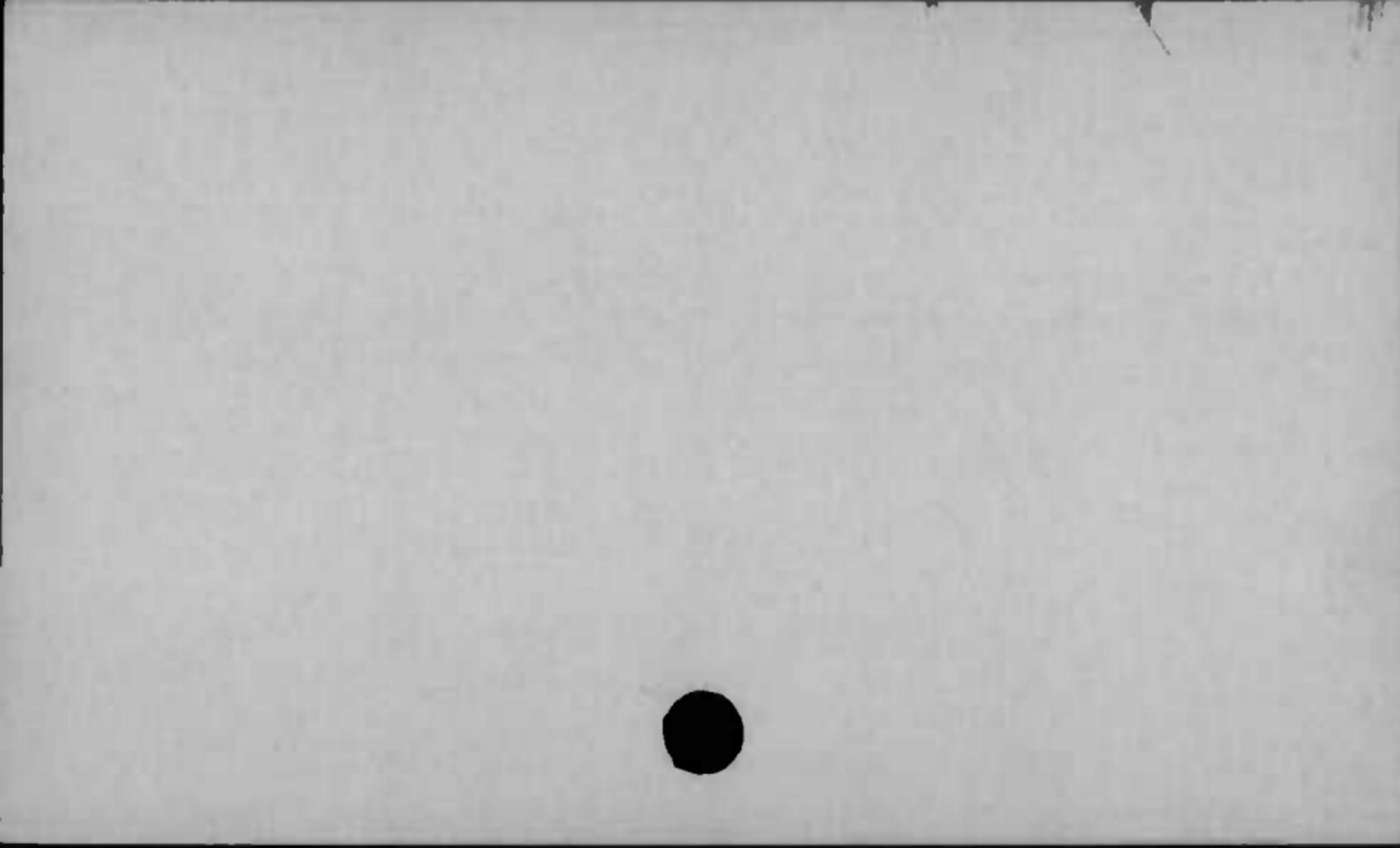
Husband of	Francis Arnd	Wife	of	Elizabeth Dinsack
Father's Name	Nicholas Gross	Mother's Name		

Cause of Death	Primary	Old Age	How long sick
	Immediate	Exhaustion	6 mos -

Reported by	Wm. D. Cawley	Accident, Suicide, Homicide
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Address	Elkton, md.
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Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town		County	State	
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age not known	White	Birth-place	MD
Married, Single or Widowed			Occupation	Mary	
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name			b4	Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Bethany Hospital
North End

Accident or Suicide?

16



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Elijah Bouedem				CERTIFICATE OF DEATH		
Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
Sex	Color or Race	White			Birth-place	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Mumir	Name of Wife or Husband	Jenri Bouedem			
Father's Name	Rozalie Humpson			Father's Birthplace	mr	
Mother's Maiden Name	Lydia Aiston 93			Mother's Birthplace	mr	
Name of person giving information	Mey			How related to deceased	none	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

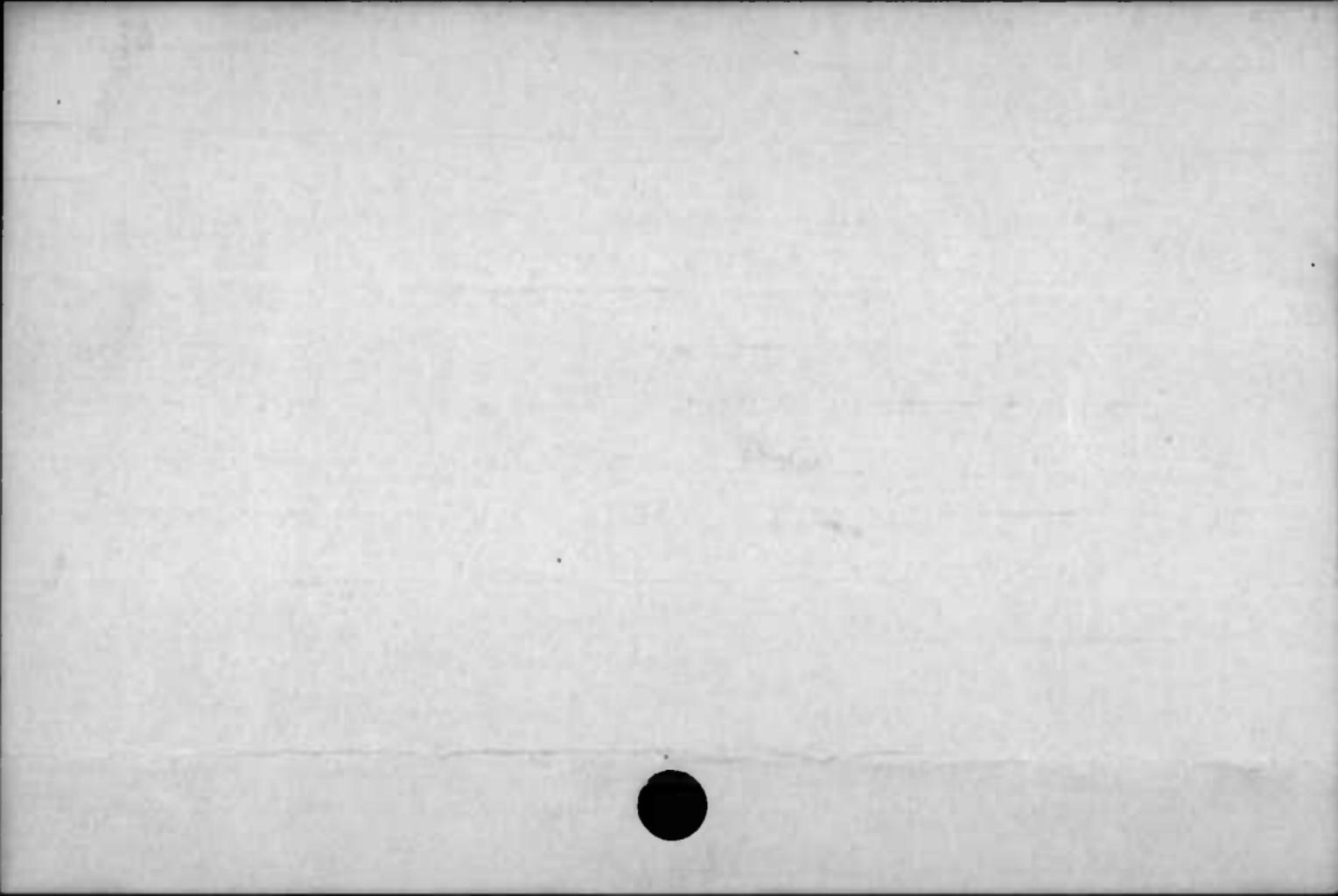
Primary	Pneumonia	How long	4 days
Immediate	Ear	How long	—

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Felicie Beckwulf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1903	Month 11	Day 12	Years 1	Months 3	Days —
Sex Female	Color or Race White	Birth-place —			
Married, Single or Widowed —	Occupation				
Name of Wife or Husband —					
Father's Name George Beckwulf	2		Father's Birthplace		
Mother's Maiden Name Annie Simmons	2		Mother's Birthplace		
Name of person giving Information Mrs. George Beckwulf	How related to deceased Mother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis (?)

How long in Maryland

Immediate Catarhal Pneumonia

H.B. Health Fin

Are the name, age, sex, color, date and place correctly given above?

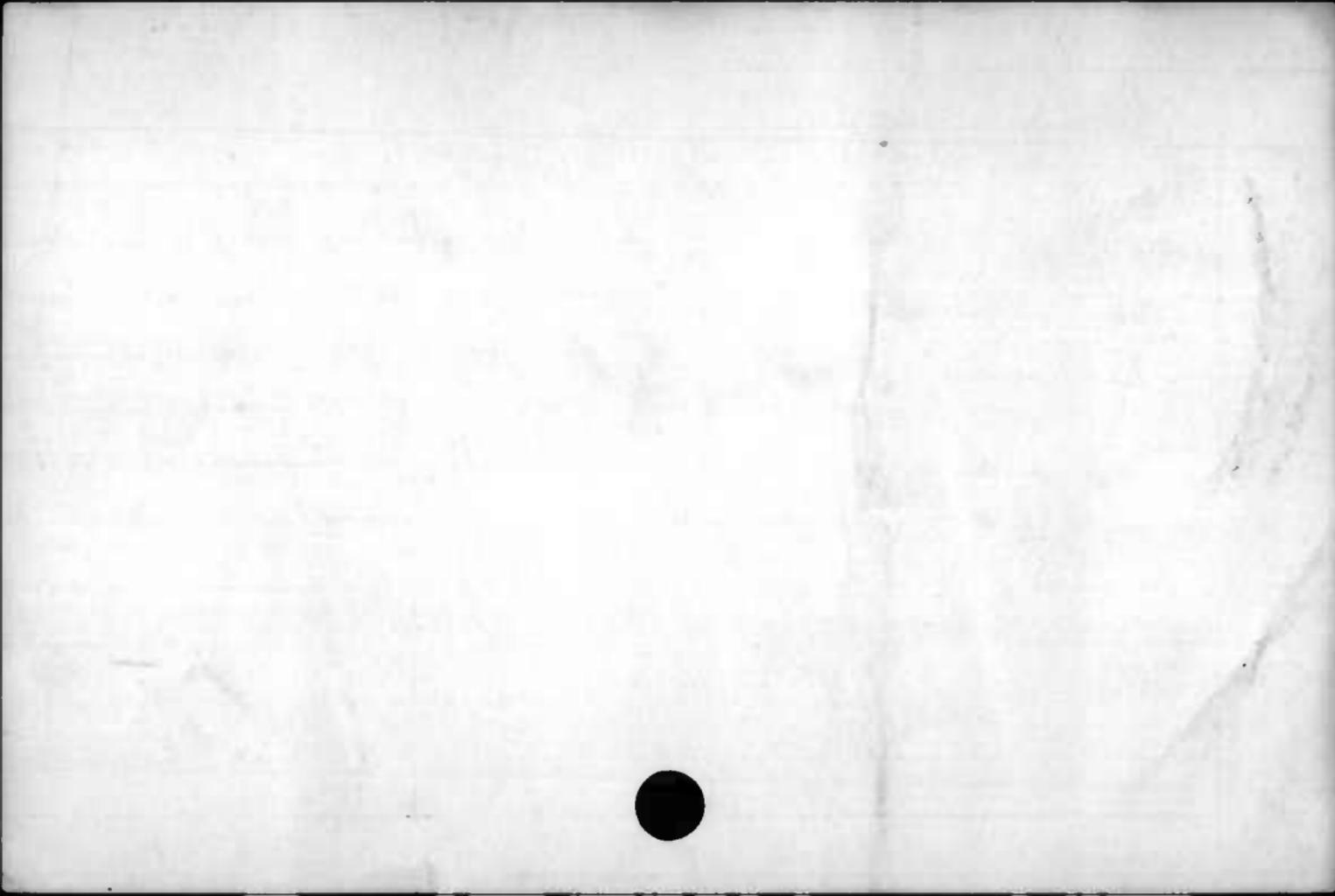
Yes

Signature of Physician

Address

A. Arthur Mitchell M.D.
Elkton Md.

Accident or Suicide?



TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Eva Bernard

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death 1903	Month Nov	Day 5	Age 2	Years	Months 9	Days
Sex Male	Color or Race White		Birth-place Perryville			
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name	Wm. Bernard		60		Father's Birthplace Perryville	
Mother's Maiden Name	Belle Hewitt				Mother's Birthplace " "	
Name of person giving Information	1c	1c	How related to deceased Mother			

CAUSES OF DEATH

Primary

Brain forces -

How long

Three days.

Immediate

How long

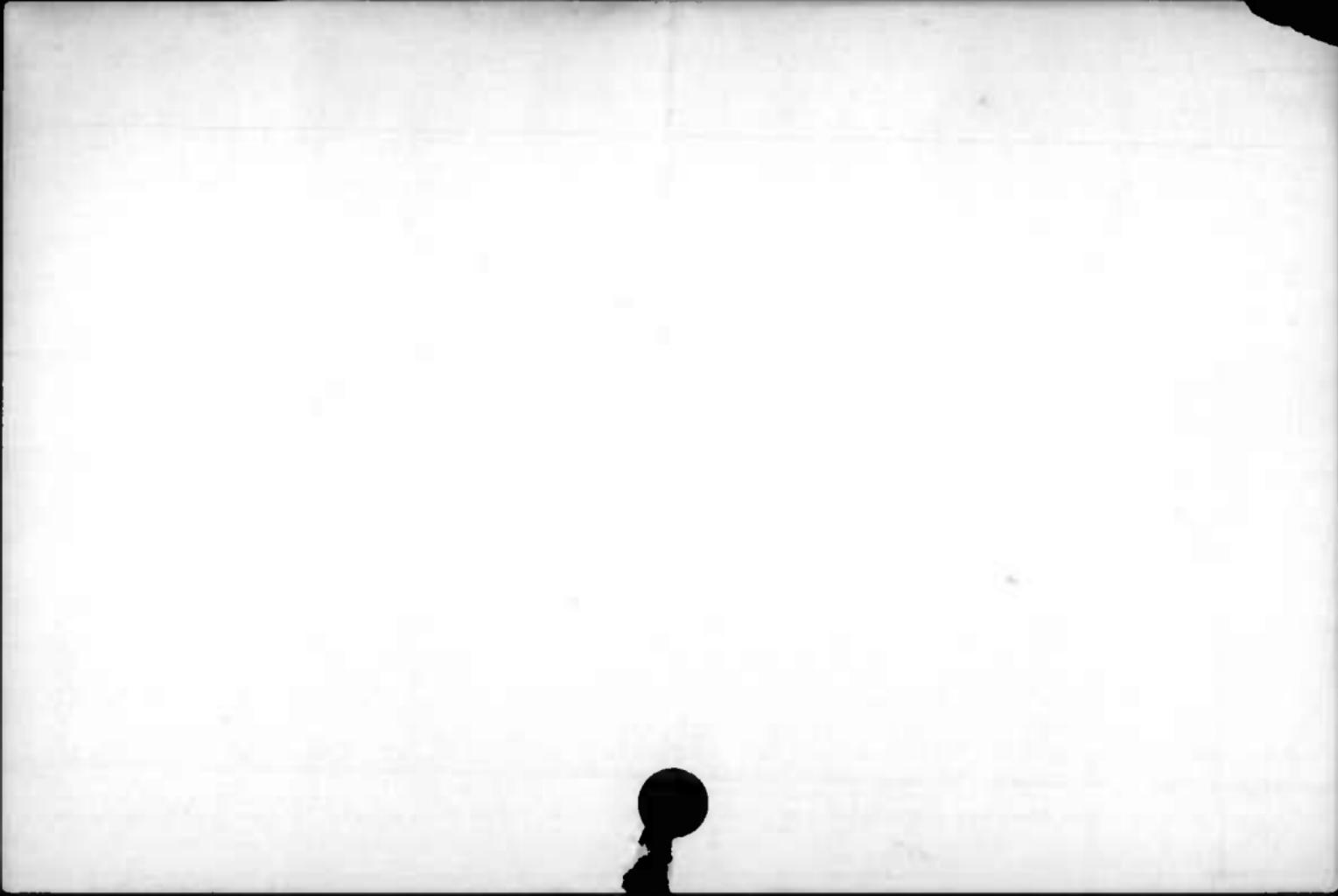
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Geo. W. Stump
Perryville -

Accident or Suicide?



Name
in
Full

A Porwan Belto. 6 yrs

CERTIFICATE OF DEATH

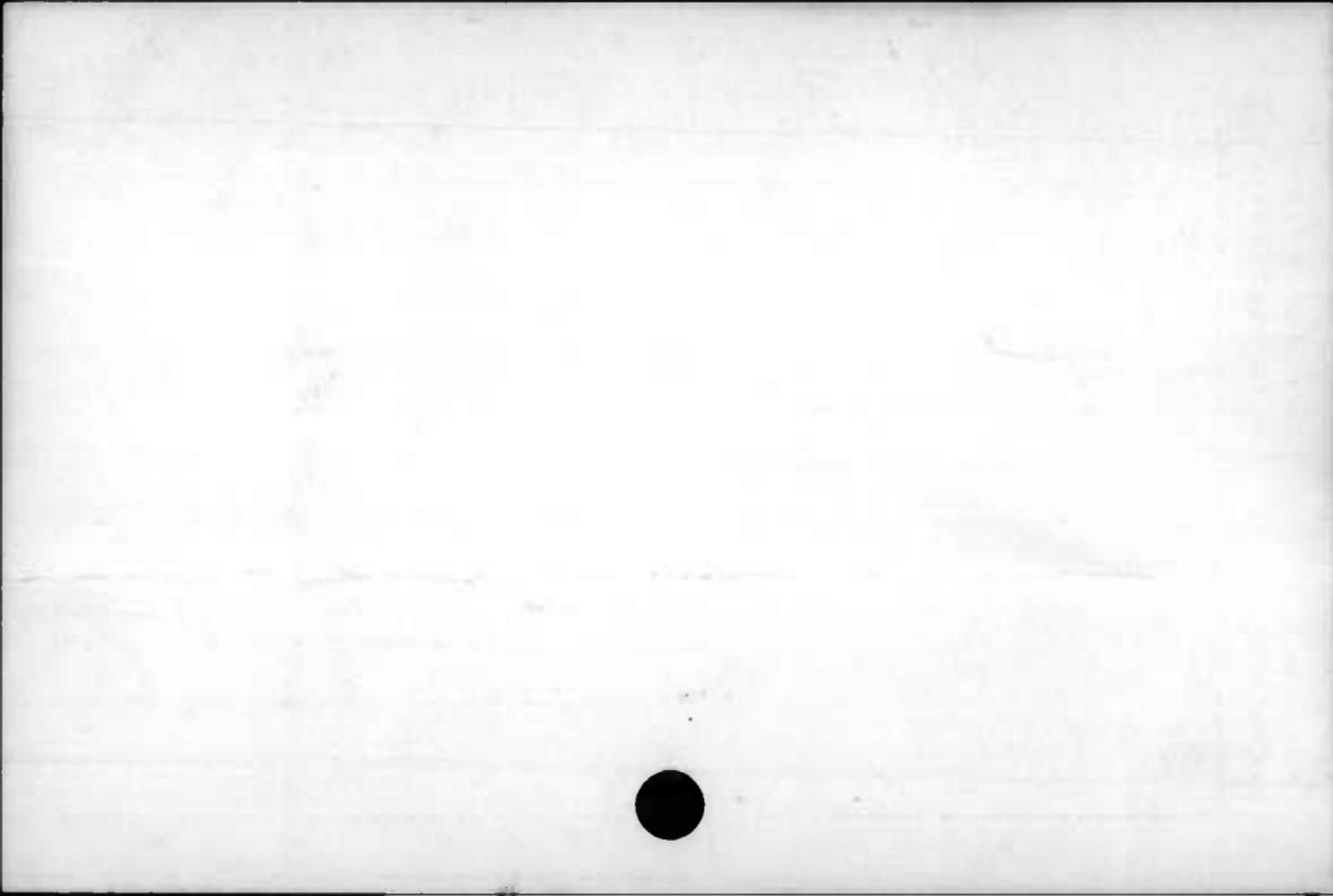
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1903	Month 7	Year 1903	Age 46	Years -	Months -	Days -
Sex male	Color or Race white		Birth-place Baltimore Md.			
Married, Single or Widowed	Occupation		Drugist			
Name of Wife or Husband	Kate Phillips Belto					
Father's Name	a Porwan Belto					
Mother's Maiden Name	Dorothy Murphy					
Name of person giving information	H. Belto					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Arminia		How long	1 day.
Immediate	Expansion		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Dr. Dow. James & Shely
			Address	Bessey Sturz Baltimore
Accident or Suicide?				



Name
in
Full

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Lydia J. Blay					CERTIFICATE OF DEATH	
Died at	Town	County	MARYLAND			
Date of death 190	Month	Day	Years	Months	Days	
Mechanically						
3	Feb	27	Age	18		
Sex	Jenny	Color or Race	white	Birth- place	MD	
Married, Single or Widowed		Occupation				
Name of Wife or Husband						
Father's Name	Lydia J. Blay 6					
Mother's Maiden Name	Mavis Lyons					
Name of person giving Information	Foster					
CAUSES OF DEATH						
Primary	Meningitis					
Immediate						
Are the name, age, sex, color, date and place correctly given above?	y					

Signature of
Physician

Address

F



Abraham Clarke

Town

County

Died at

1903

Cokesbury

Y.

M.

D.

MARYLAND

Date

Month

Day

Native of

Occupation

Nov 19

Age

65-

-

-

Maryland

Male

White

Married

Widow

Female

Colored

Single

Widower

Divorced

Number of children living

Husband of

~~Wm~~

Mary Clark

Mother's Name

2

Father's Name

Cause of

Primary

Consumption

How long sick

Death

Immediate

Invasion

76 weeks

Accident, Suicide, Homicide

Reported by

St. Brown Dr. H. O.

Principal D. D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

<i>Donna M. Dunlap</i>					CERTIFICATE OF DEATH	
Died at	Town		County		MARYLAND	
Date of death 1903	Month	Day	Years	Age	Months	Days
Sex Female	Color or Race	white				
Married, Single or Widowed	Occupation					
Name of Wife or Husband	<i>Sallie L. Dunlap</i>					
Father's Name	<i>Elly J. Dunlap</i>					
Mother's Maiden Name	<i>Sallie L. Kers</i>					
Name of person giving information	<i>Elly J. Dunlap</i>					
CAUSES OF DEATH						
Primary	<i>Syph. Malaria</i>				How long	
Immediate	<i>Meningitis</i>				10 days	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		How long
				Address		<i>Baltimore</i>
Accident or Suicide?				<i>No</i>		

PHYSICIAN
OR CORONER



Name
in
Full

James Farr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month November	Day 24 Tuesday	Years 68	Months -	Days -
Sex Male	Color or Race White	Occupation Farmer	Birth-place County Tyrone Ireland	Sepiaod.	
Married, Single or Widowed Married					
Name of Wife or Husband Jane Farr					
Father's Name Henry Farr	64.		Father's Birthplace County Tyrone Ireland		
Mother's Maiden Name Sarah Farr			Mother's Birthplace County Tyrone Ireland		
Name of person giving Information Clara M. Knight			How related to deceased Niece		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Aphthous

How long

and distinctly

Immediate

Are the name, age, sex, color, date and place correctly given above?

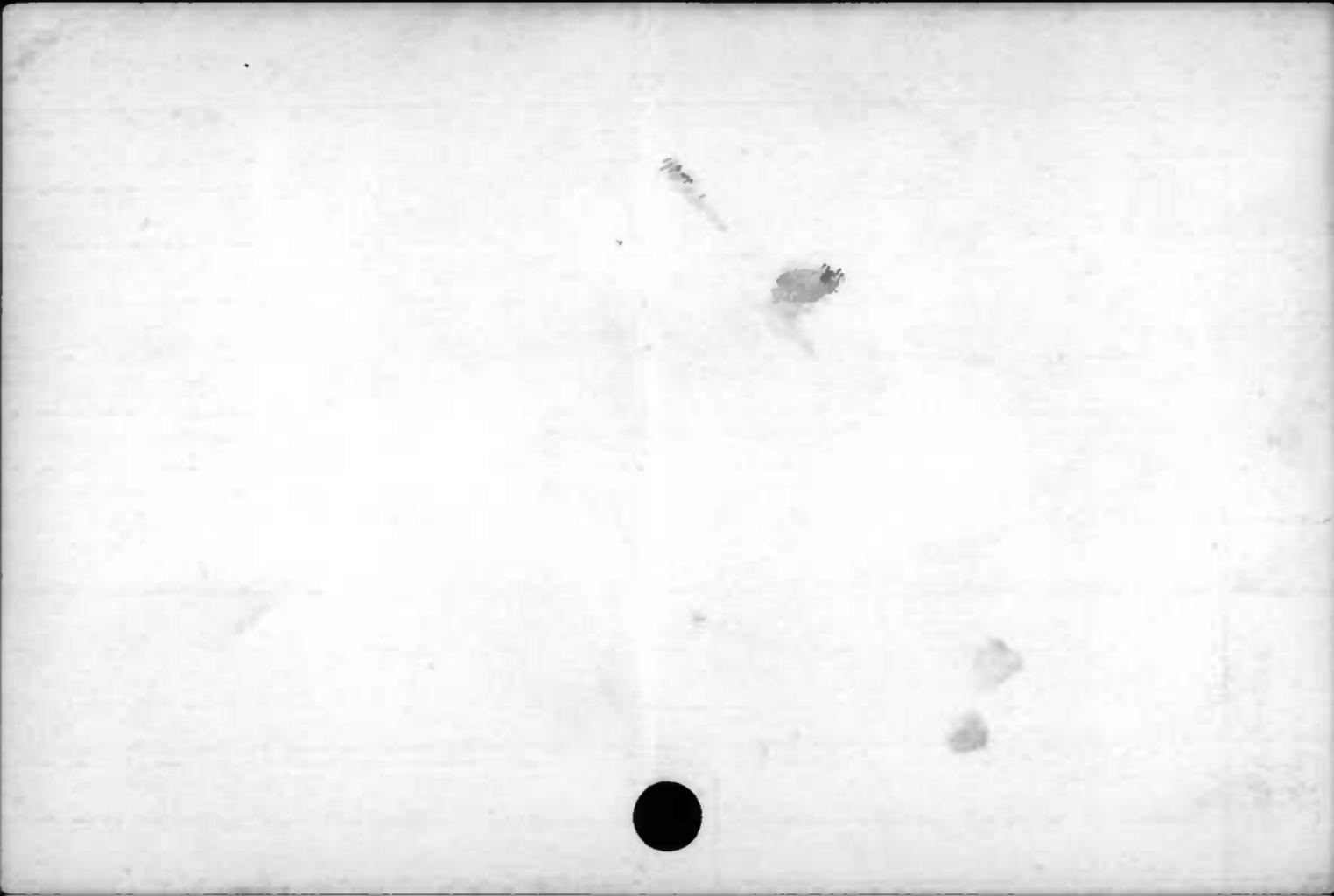
Signature of Physician

Address

H. E. Clunson

Pat. S. Smith

Murder or Suicide?



Name
in
Full

Morgan C. Tracey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1923	Month Nov	Day 11	Age 25.	Years	Months Days
Sex Female	Color or Race White	Occupation Housewife	Birth-Place Ceci Conn		
Married, Single or Widowed Married	Name of Wife or Husband Morgan C. Tracey				
Father's Name James W. Alexander	Father's Birthplace Ceci				
Mother's Maiden Name Ann Mc Kinney 27	Mother's Birthplace Ceci				
Name of person giving Information	How related to deceased Person				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Consumption	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

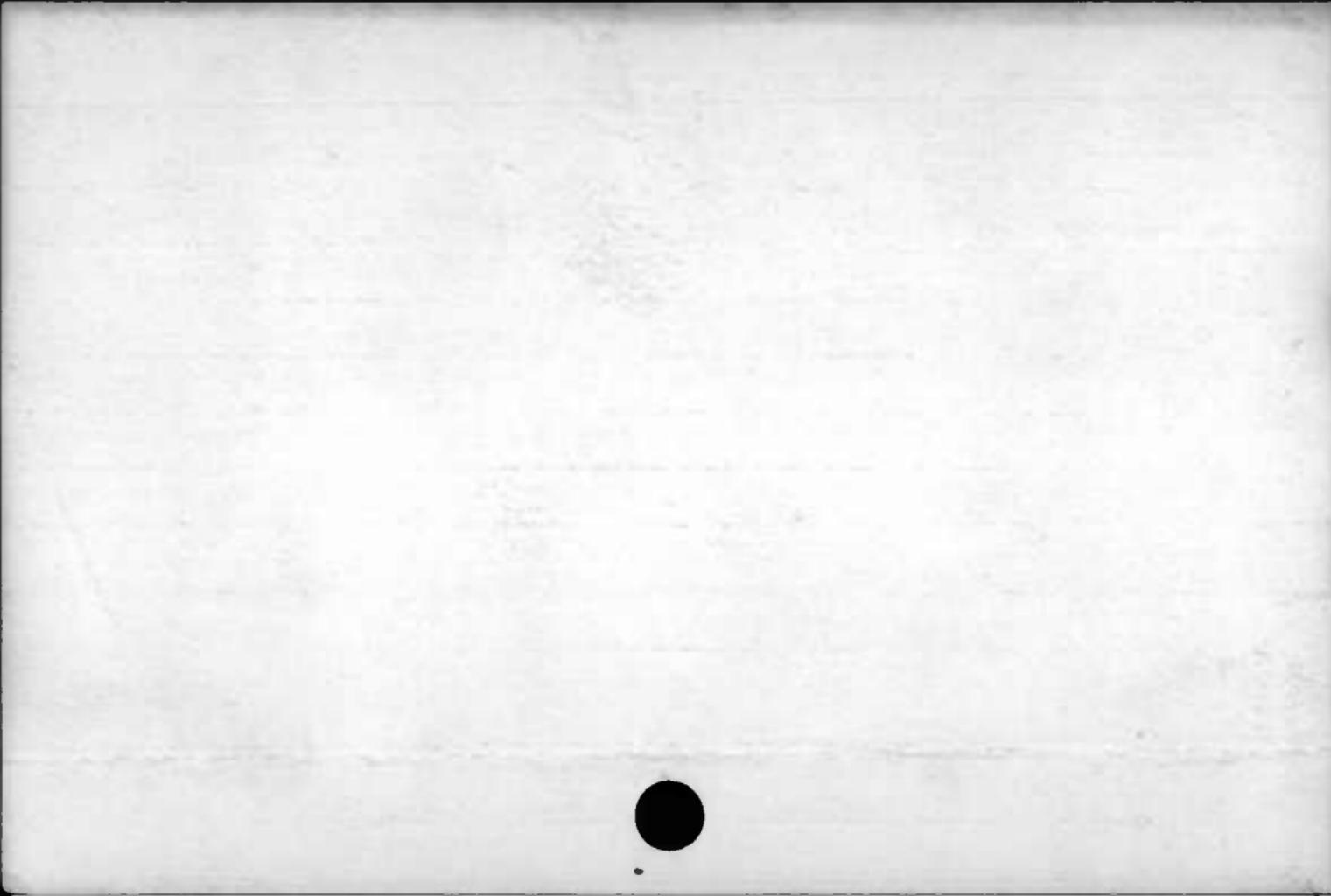
yes

Signature of Physician

Address

Bethel Hospital
Cecil County

Accident or Suicide?



Name in Full

Certificate of Death

Walter Hollingsworth
near Warwick, Cecil

Died

Town

County

MARYLAND

Date 1905

Month 11

Day 12

Y.

M.

D.

Native of

Cecil Co

Occupation

Male

White

Age 1-2

Widow

Divorced

 Female

Colored

Married

Single

Widower

Number of children living

8

Husband of

Wife

Father's Name

Henry Hollingsworth

Mother's Name

Hennie Fay

Cause of Death

Primary

Diphtheria

How long sick

2 days

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

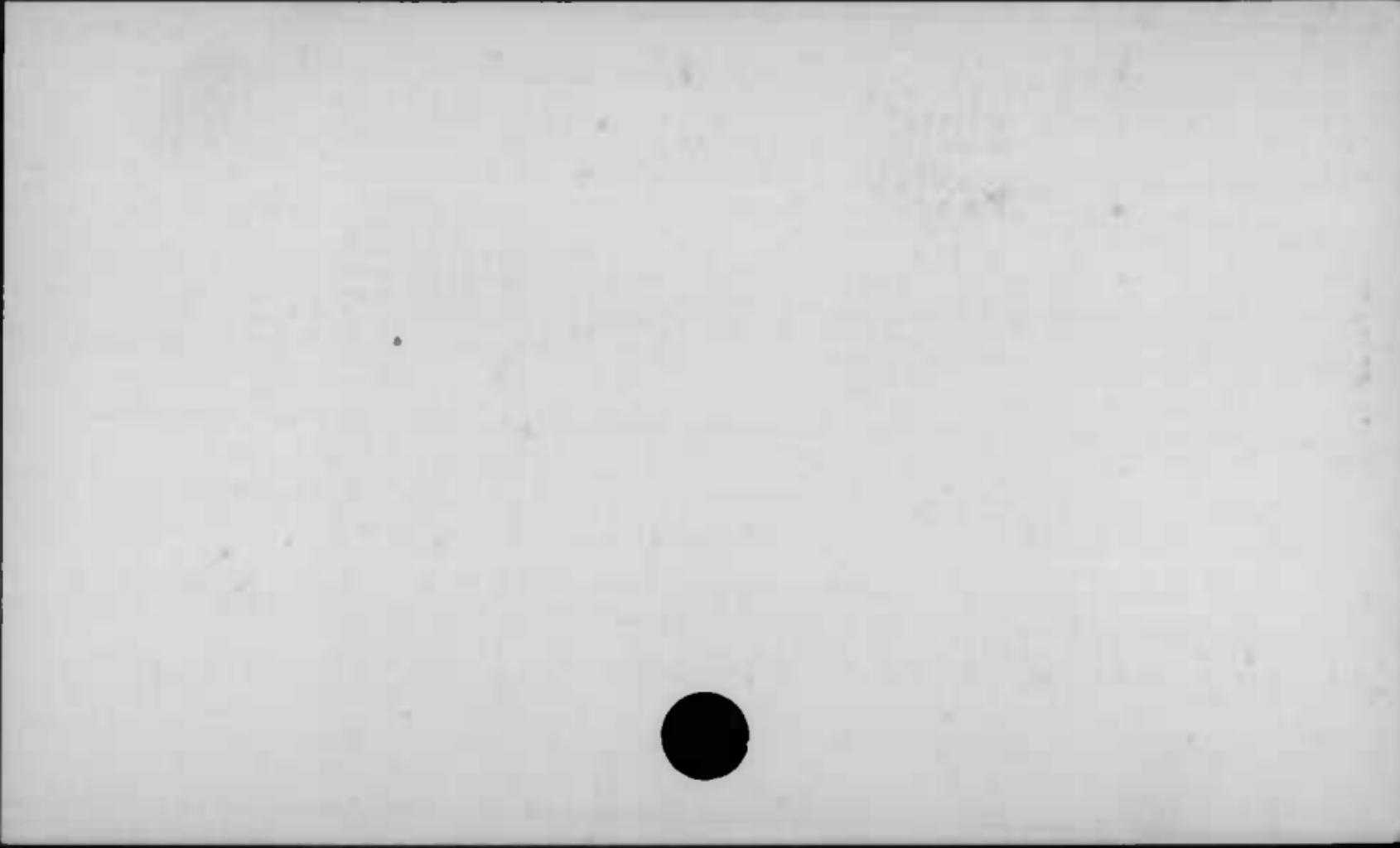
J.H. Hardcastle

Address

Middletown

Delaware.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Wm. Hollingsworth
near Warwick, Del.

Died	Town	Month	Day	County				MARYLAND
Date 19	nos. 5	Age	Y. M. D.	Native of				Occupation
03	White	Married	5-8-8	Cecil Co.				Painter
Male	Colored	Single	Widow	Divorced				
Female			Widower					Number of children living
Husband								9
Wife								

Father's Name	Henry Hollingsworth	Mother's Maiden Name	Hennie Hart
Cause of Death	Primary: Diphtheria Laryngeal	How long sick	4 days
Death	Immediate: Suffocation	Accident, Suicide, Homicide	

Reported by J. H. Hardcastle
Address Middletown

Delaware.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

No Name. Infant. Newborn ^{6 days}

Town Principio County Cecil MARYLAND

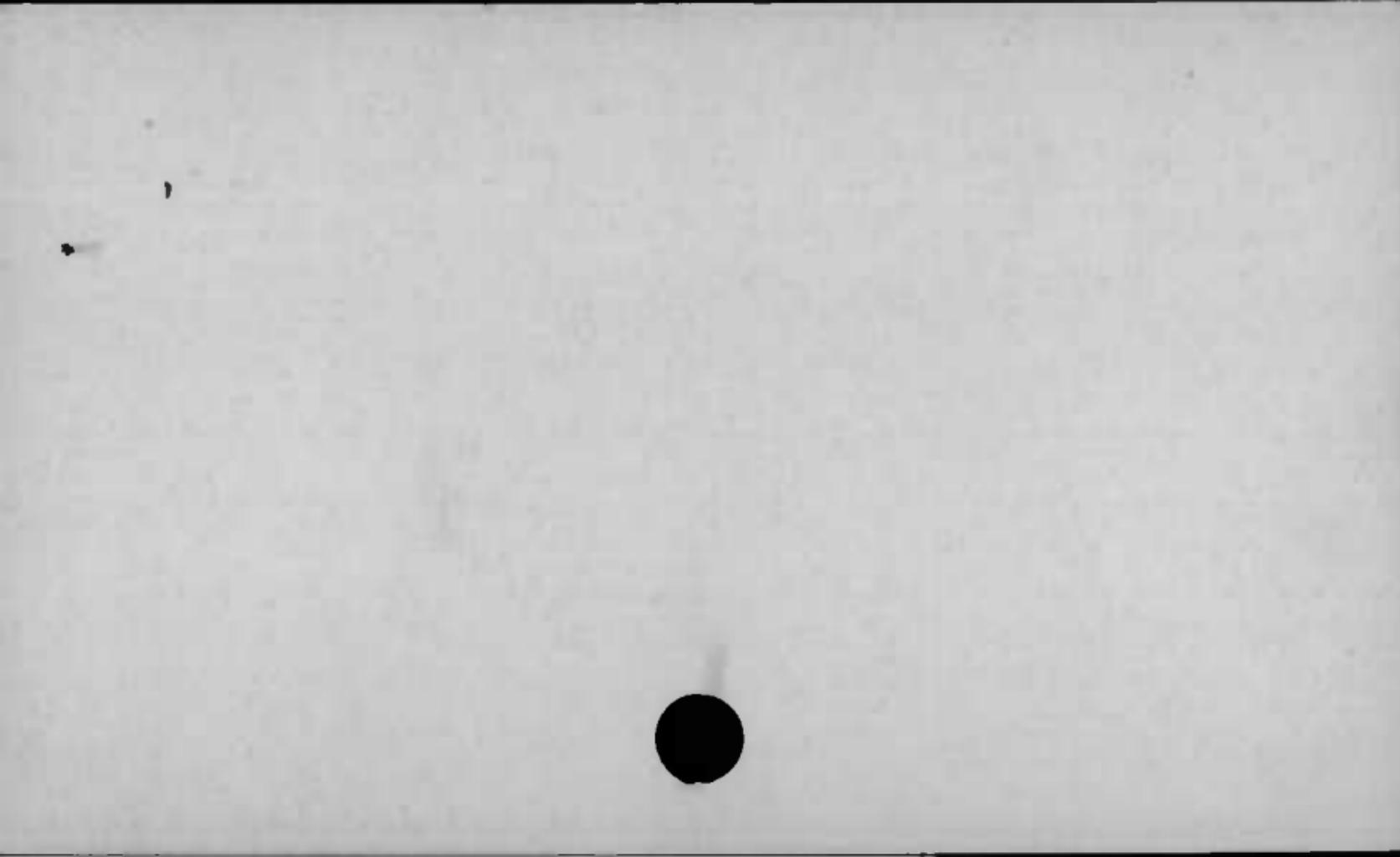
Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1903	11.	17	Age	2 hours	old		—
Male	White		Married			Widow	Divorced
Female	Colored		Single			Widower	Number of children living

Husband of Geo A Kefler, Ella Kefler
 Wife Geo A Kefler, Ella Kefler
 Father's Name Geo A Kefler Mother's Maiden Name Ella Lambert

Cause of Death	Primary	Secondary	How long sick
	Respiratory	(5)	2 hours
Death	Immediate	Heart Failure	Accident, Suicida, Homicide

Reported by Geo S. Darr
 Address Rising Sun, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Grace Helen Kreider

CERTIFICATE OF DEATH

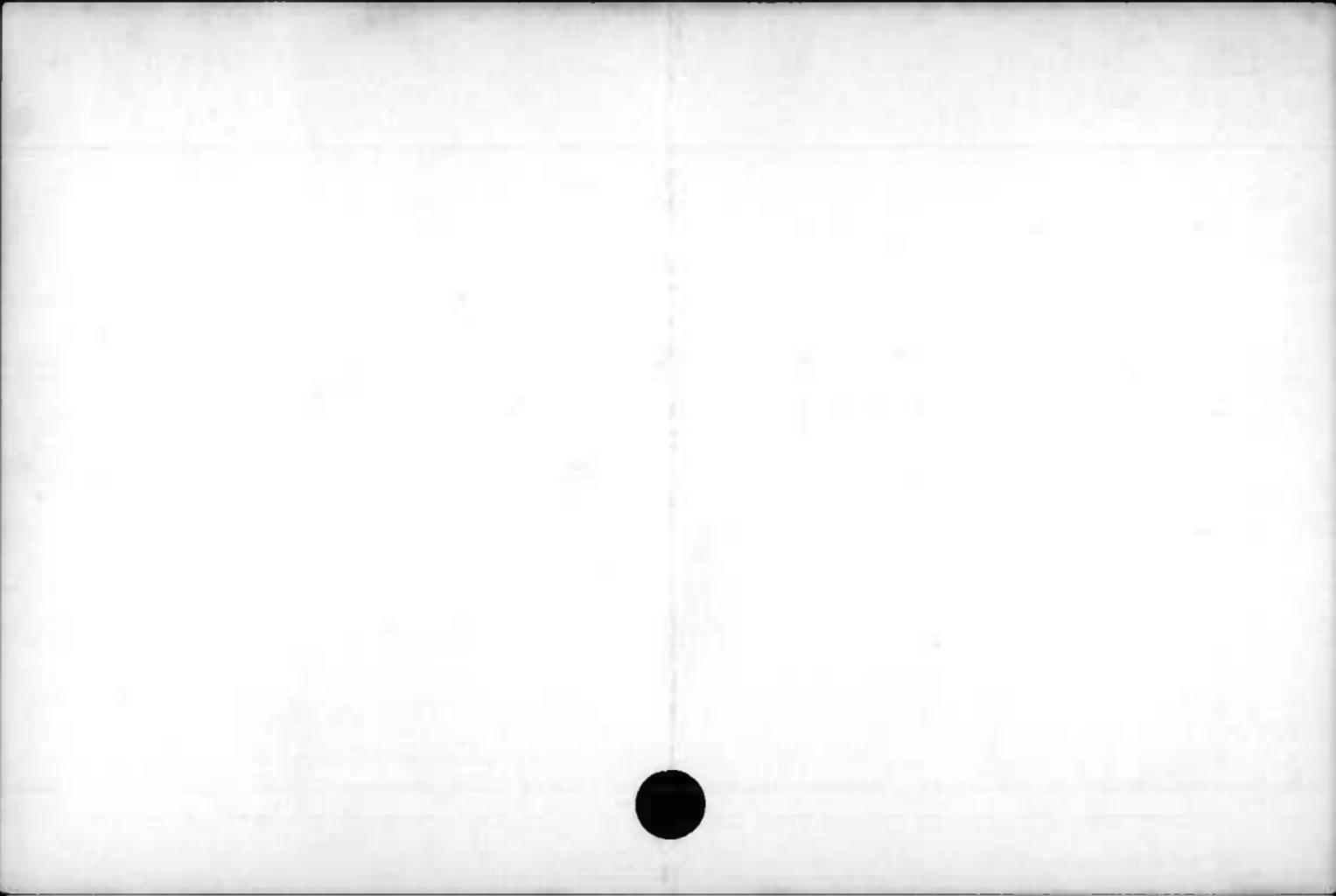
Died at	Town	County		MARYLAND	
Died at	Perryville	Cecile			
Date of death 1903	Month	Day	Years	Months	Days
	Nov	28	Age	9	
Sex	Female	Color or Race	White	Birth- place	Perryville
Married, Single or Widowed	—	Occupation			—
Name of Wife or Husband	—				
Father's Name	John Kreider		61	Father's Birthplace	Pa
Mother's Maiden Name	Sallie Smith			Mother's Birthplace	Hanford Co Ind
Name of person giving Information	—	—	—	How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Meningitis -	How long	short time
Immediate	Progressive Cardiac Atherosclerosis	How long	short time
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	L. G. Taylor
		Address	Perryville

Accident or Suicide?



Name in Full

Certificate of Death

John Linton sr

Town

County

Died at

1903

Woodlawn

Cecil

MARYLAND

Month

Date

Day

Y.

M.

D.

Native of

Occupation

Date

Age

83

-

-

Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Consumption

How long sick

2 years

Death

Immediate

Inanition

Accident, Suicide, Homicide

Reported by

H. C. Brown M.D.

Address

Principals

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Eva C McCay

CERTIFICATE OF DEATH

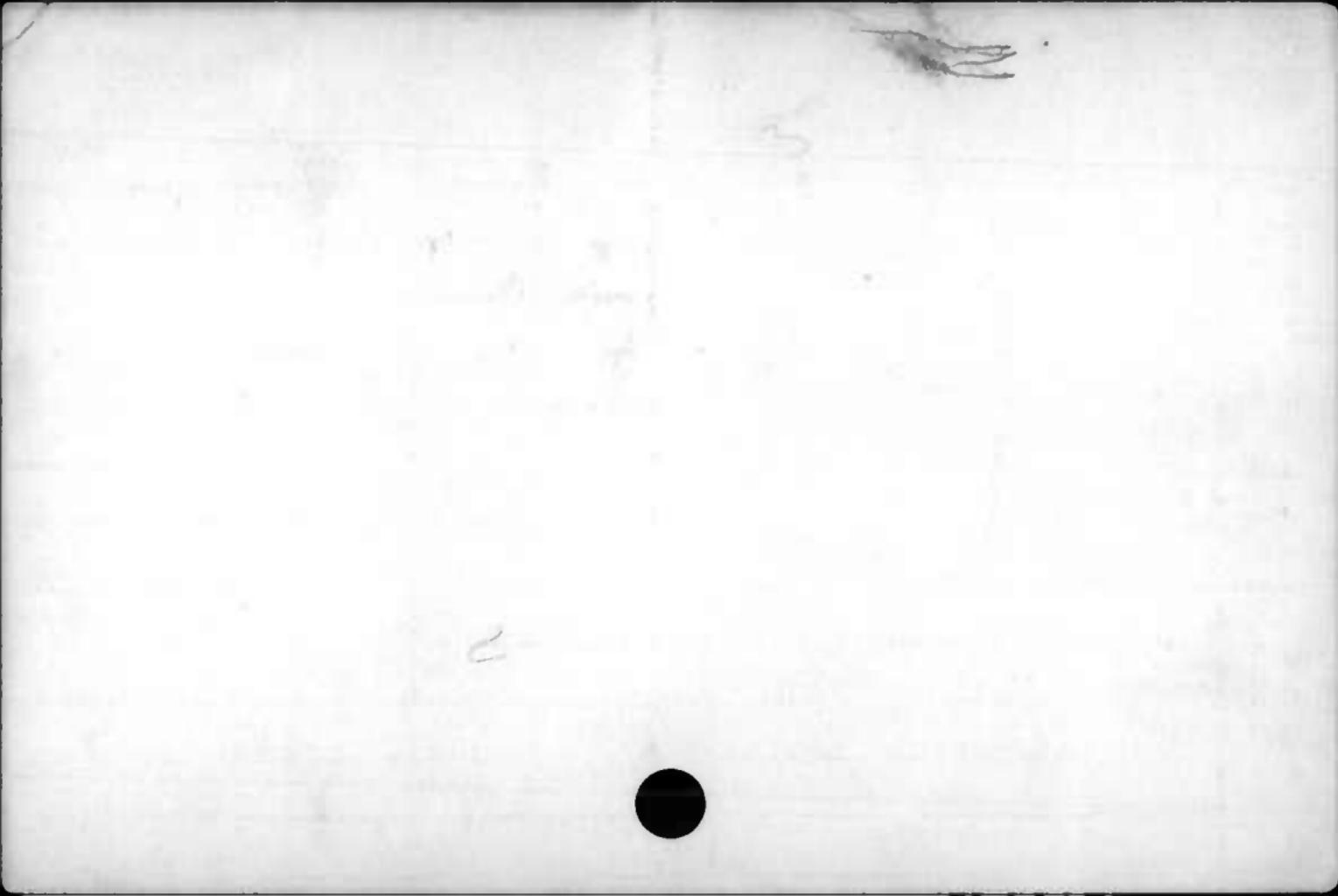
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Post-Deposit</i>	County <i>Cecil</i>	MARYLAND
Date of death 190	Month <i>3 Nov</i>	Day <i>1</i>	Years <i>Age 21</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Occupation <i>—</i>	Months <i>5</i>
Married, Single or Widowed <i>Single</i>	Birth- place <i>Cecil Co</i>		
Name of Wife or Husband <i>—</i>			
Father's Name <i>H B McCay</i>	Father's Birthplace <i>Cecil Co</i>		
Mother's Maiden Name <i>Margaret Pennington</i>	Mother's Birthplace <i>Washington DC</i>		
Name of person giving Information <i>"</i>	How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Crobs spinal meningitis</i>	How long <i>about 2 days</i>
Immediate <i>Cerebral</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H E Ellsworth</i>
	Address <i>Post Dr. Court Hall.</i>
Accident or Suicide?	



Name
in
Full

Adeline L Marshall, 60s.

CERTIFICATE OF DEATH

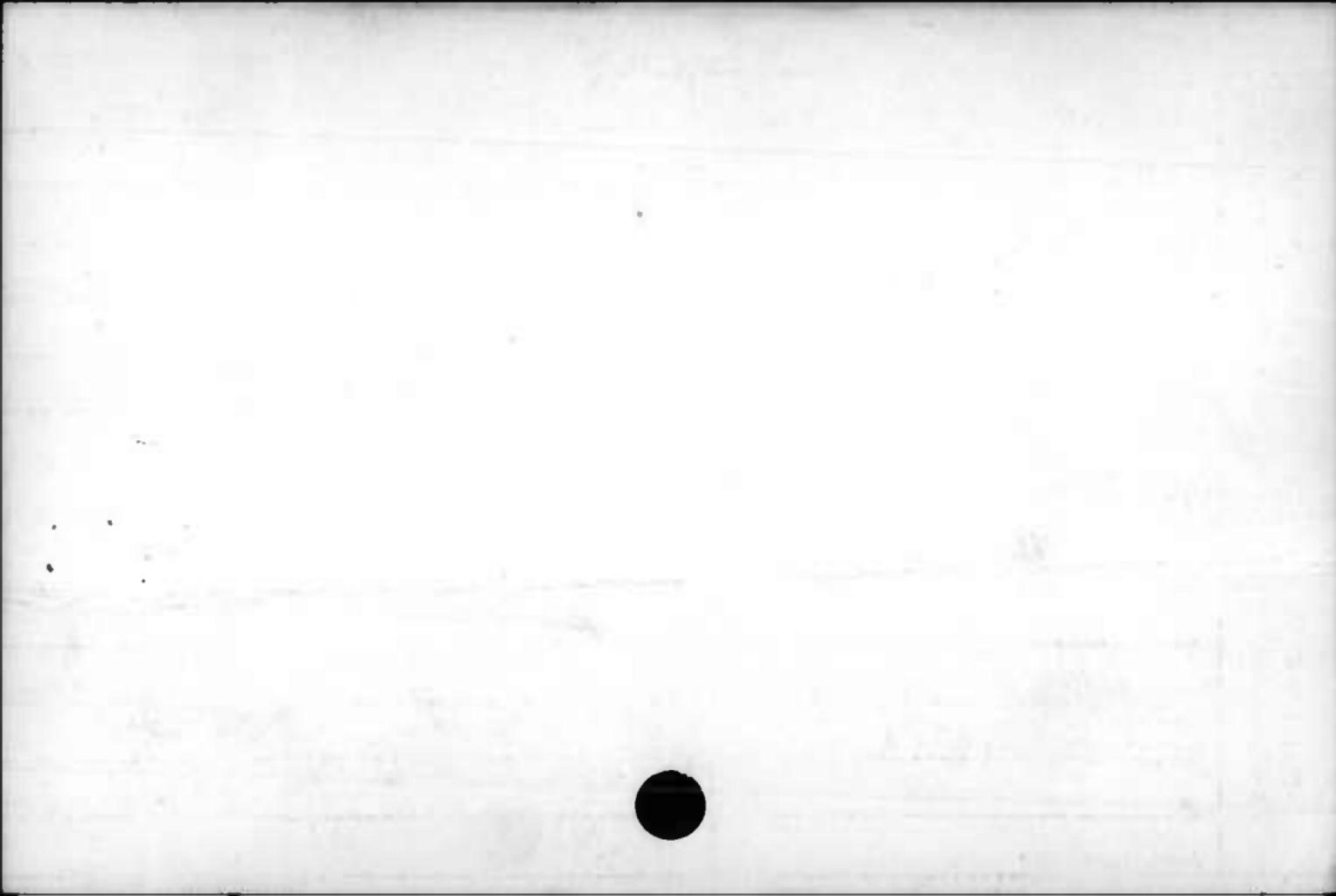
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month Nov	Day 13	Years 72
Sex Female	Color or Race White	Birth-place Oakwood Md.	
Married, Single or Widowed Married	Occupation Housewife		
Name of Wife or Husband Adeline L Marshall			
Father's Name Thomas McCall	Father's Birthplace Oakwood Md.		
Mother's Maiden Name Adeline L McCall	Mother's Birthplace ..		
Name of person giving information Catherine L. Nunwiller	How related to deceased Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long one year
Immediate	a fainting.	How long
Are the name, age, sex, color, date and place correctly given above?	JES	Signature of Physician J.B. Slicing M.D. Residence Risydale Md.
Accident or Suicide?		



Name
in
Full

Frank Moore.

CERTIFICATE OF DEATH

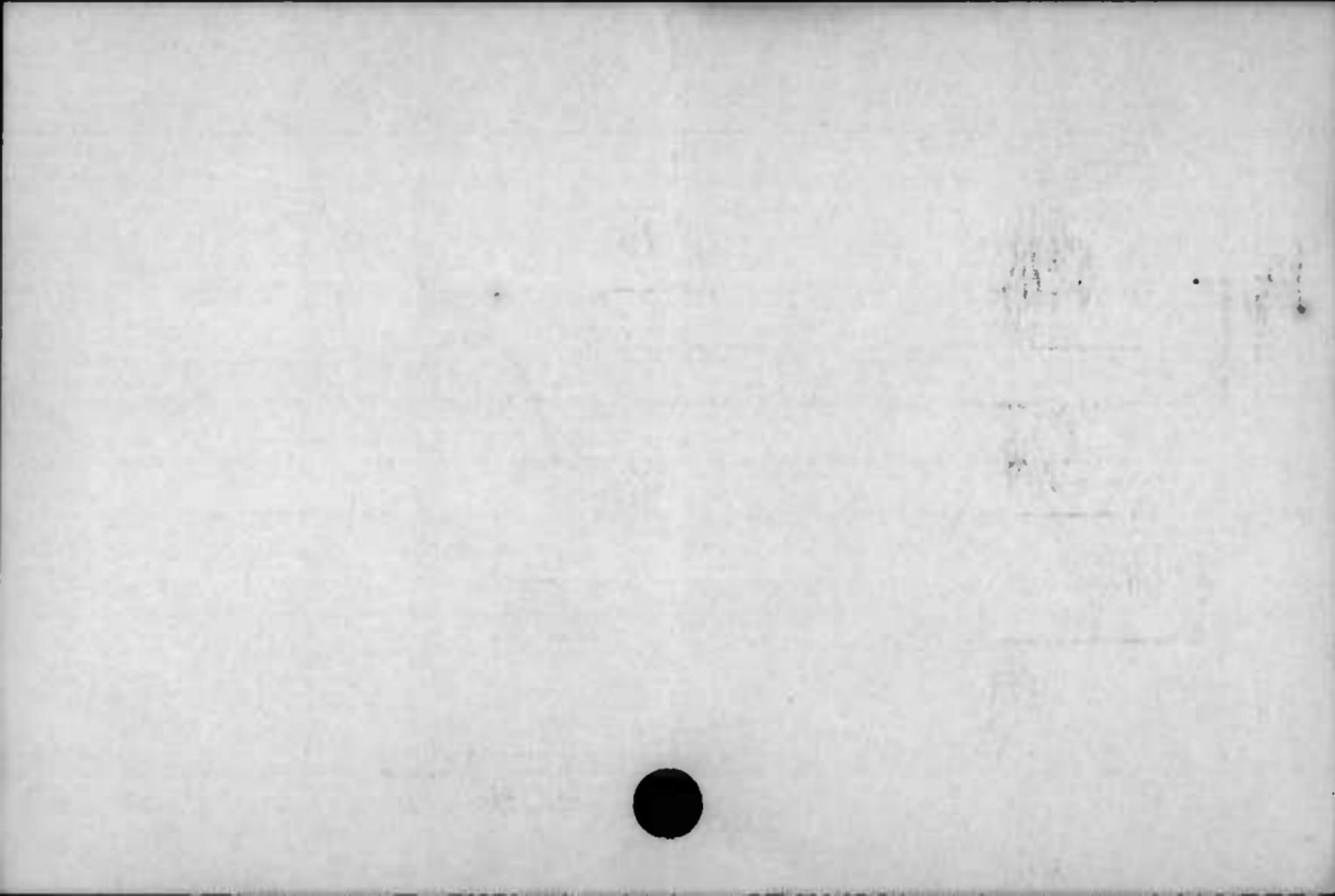
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1903	Month 11	Day 18	Years 24	Months -	Days -
Sex	Male	Color or Race	Black	Birth-place	Baltimore Md.	
Occupation	Farmer		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Katie Price Moore			
Father's Name	John Moore		Father's Birthplace	Baltimore Md.		
Mother's Maiden Name	Ella Knot		Mother's Birthplace	" "		
Name of person giving information	George Andrews.		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Continued from		How long
Immediate	~ ~ ~		2nd week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long
		Address	Ewan Crawford, Levittown and
Accident or Suicide?			



Name
in
Full

William Moore

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elkton (County jail)</u>		County <u>Cecil</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>Nov.</u>	Day <u>23</u>	Years <u>Age 60?</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Philadelphia</u>			
Occupation <u>Farm Laborer</u>		Where Residing if not at place of death <u>Hick Walter Boulden near Elkton, Md</u>			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace	
Father's Name				Mother's Birthplace	
Mother's Maiden Name				How related to deceased	
Name of person giving information		<u>Hick Walter Boulden et al</u>		93	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate Pneumonia

How long

Two days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address


Ricketts Nelson,
Corona, Cecil County.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

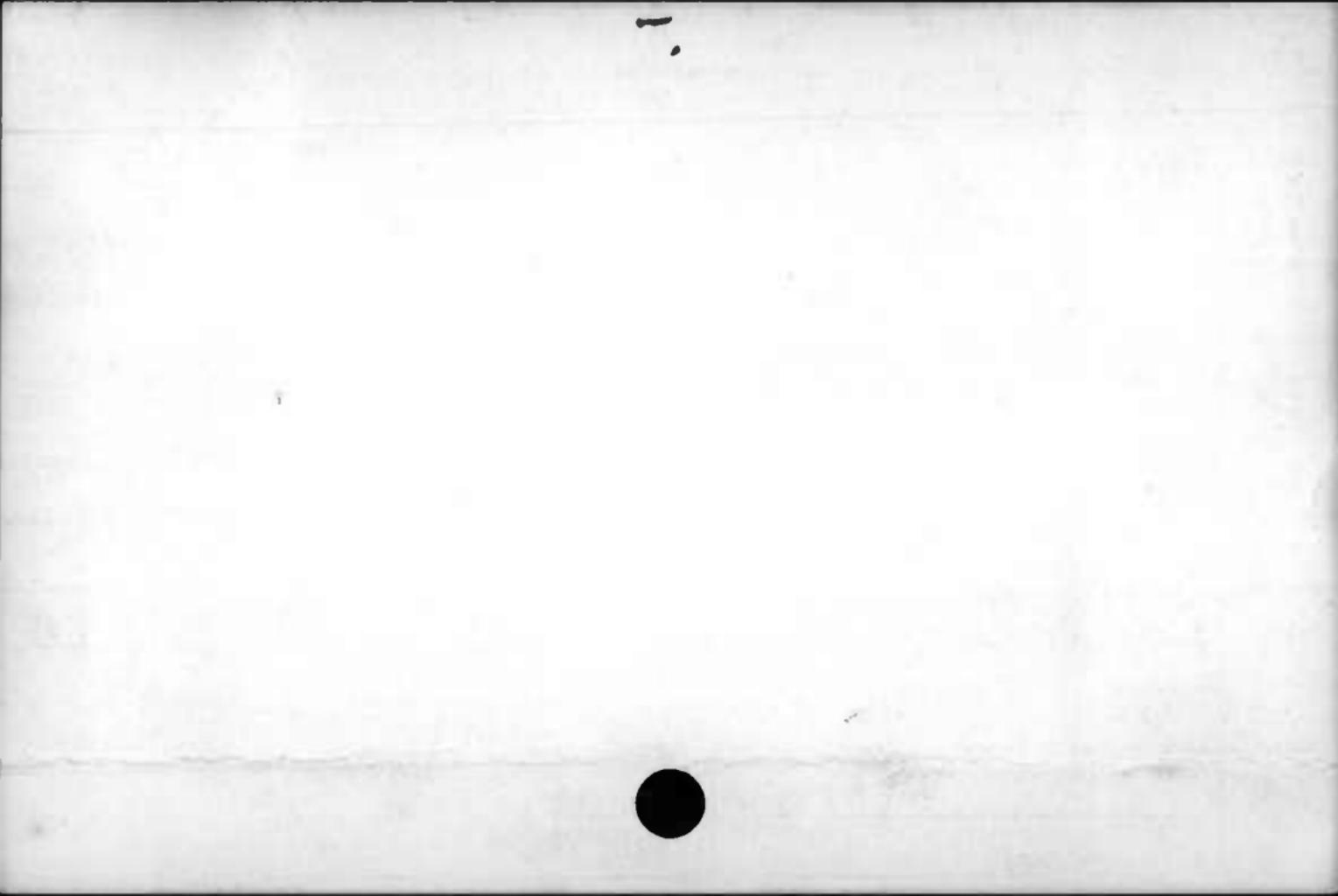
Elizabeth J. Reeder.

CERTIFICATE OF DEATH

Died at Zion		Town	Lecie		County	MARYLAND	
Date of death 1903	Month November	Day 20	Years Age 88	10	Months	15	Days
Sex Female	Color or Race White	Occupation Taylor		Birth- place Bucks Co Pa			
Married, Single or Widowed Widow							
Name of Wife or Husband							
Father's Name Samuel Johnson					Father's Birthplace Bucks Co Pa		
Mother's Maiden Name Mary Marcello	64				Mother's Birthplace " " "		
Name of person giving Information Jane M Armstrong					How related to deceased Daughter		

CAUSES OF DEATH

Primary	Blood Clot on Brain	How long 3 days
Immediate	Hemiplegia	How long 3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Geo S. Pittmanhouse
Yes		Address North East 2nd
Accident or Suicide? No		



Name
in
Full

Rice (Born in Del.)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	nearby Laurelton		County	Cecil		
Date of death 1903	Month 11	Day 16	Age	Years x	Months 7	Days 7
Sex Female	Color or Race	Negro		Birth-place	Del	
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	Charles Rice			17	Father's Birthplace	Cecil Co
Mother's Maiden Name	Ellen Clayton				Mother's Birthplace	" "
Name of person giving information	Aaron Siscoe Col			How related to deceased	None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Not Known	How long
Immediate	"	How long

Are the name, age, sex, color, date and place correctly given above?

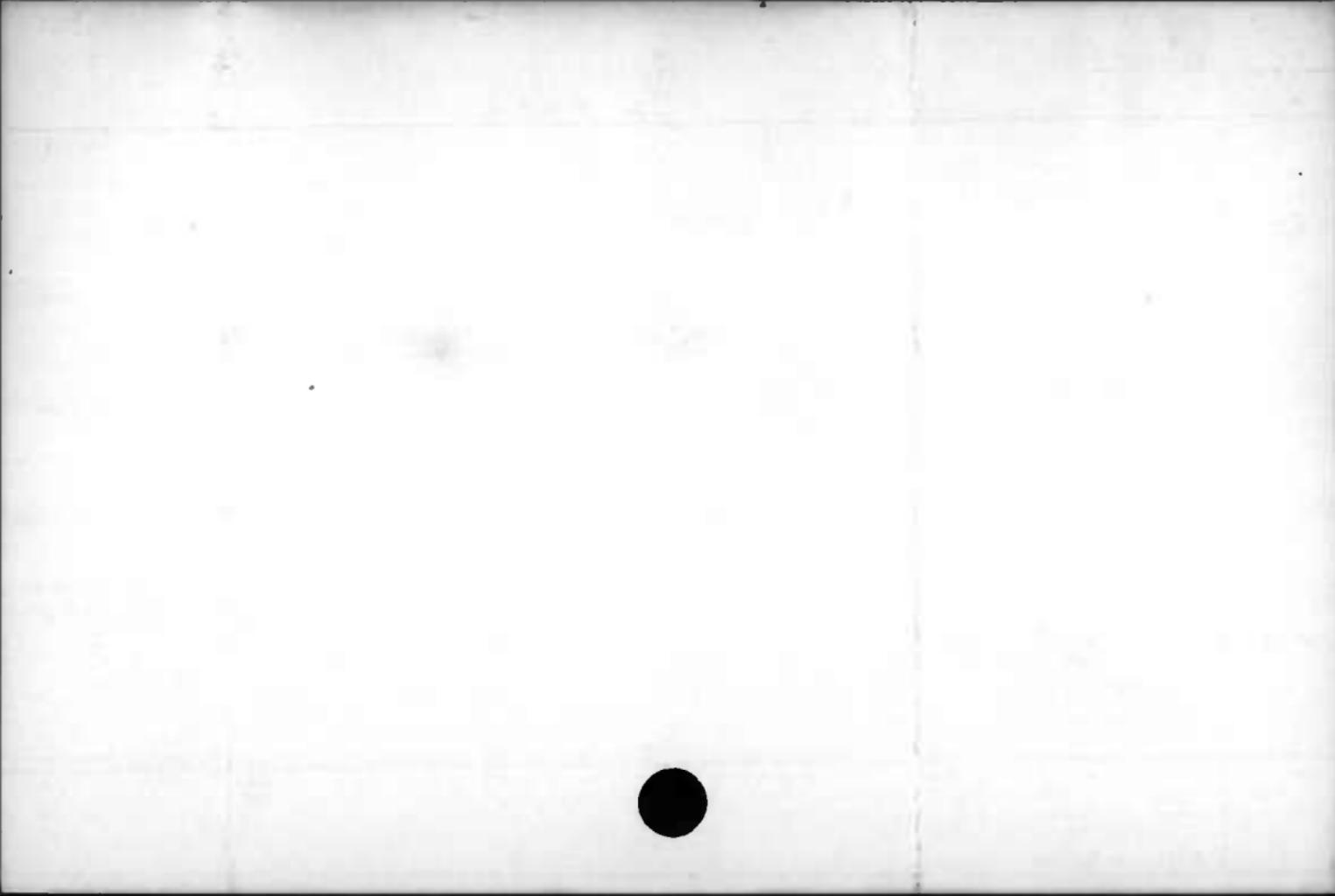
Signature of Physician

No. 5 in attendance

Address

J St Black
Sub Registry

Accident or Suicide?



Name
in
Full

William S. Sheldon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Egleton</u>		Town	County <u>Gaule</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>Nov</u>	Day <u>29</u>	Age <u>2</u>	Years <u>2</u>	Months <u>2</u>	Days <u>4</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Gaule Ga.</u>				
Married, Single or Widowed		Occupation <u>106.</u>				
Name of Wife or Husband						
Father's Name <u>J. H. Sheldon</u>		Father's Birthplace				
Mother's Maiden Name <u>Harriet Sheldon</u>		Mother's Birthplace				
Name of person giving Information		How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Enter - Colitis</u>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. J. Skinner</u>
	Address <u>Glasgow Del.</u>
Accident or Suicide?	<p>copied from Delaware blank</p>

- 27. 11. -

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

George N. Shellton

CERTIFICATE OF DEATH

MARYLAND

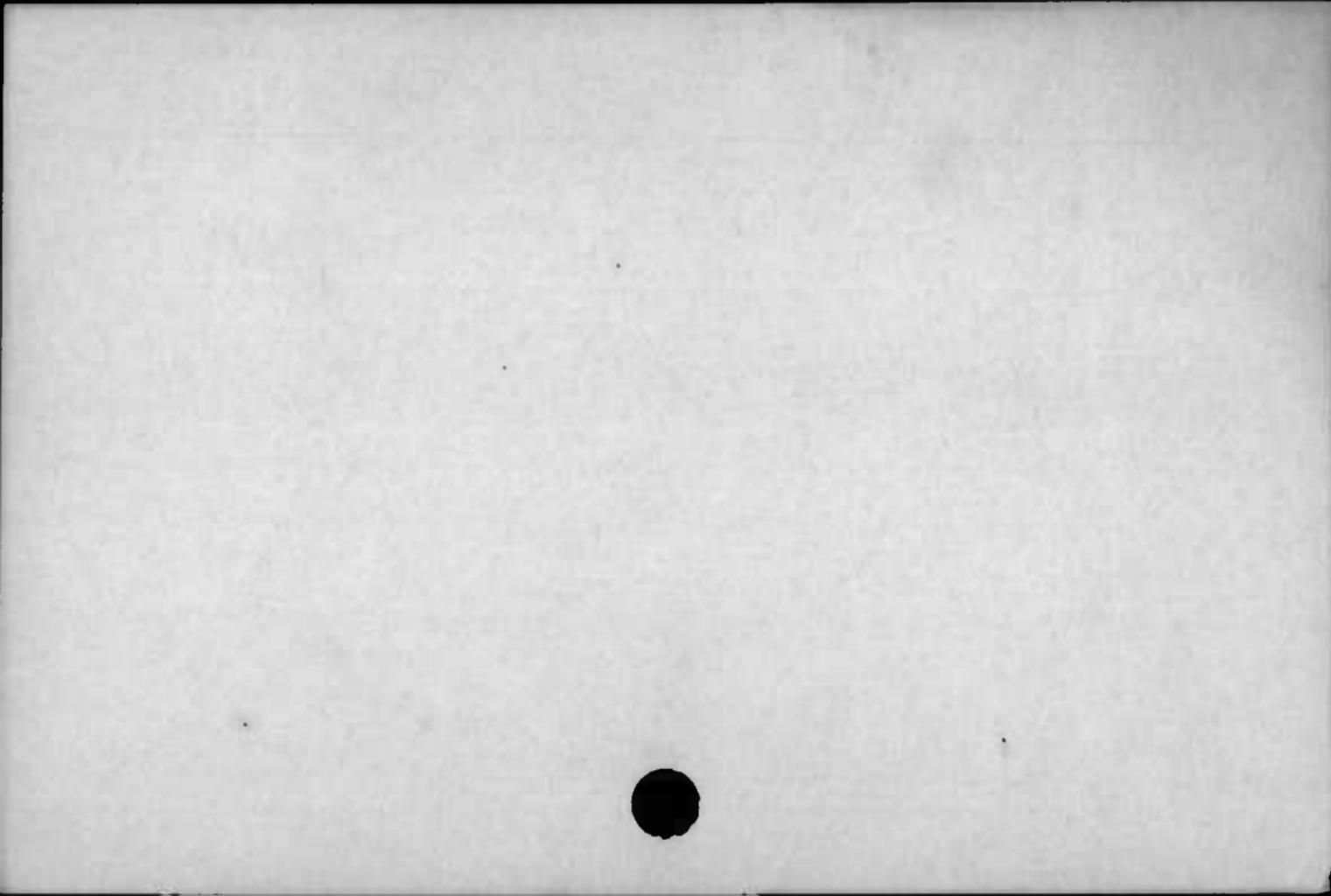
Town Died at	Chesapeake City		County cecil			
Date of death	Month 11	Day 18	Age 74	Years	Months	Days
Sex Male	Color or Race Black				Birth- place Symrna Del.	
Occupation Fisherman	Where Residing if not at place of death					
Married, Single or Widowed Married	Name or Wife or Husband Lizzie Jane Shellton				Father's Name Daniel Shellton	Father's Birthplace Unknown
Mother's Maiden Name Martha Puryear				Mother's Birthplace "		
Name of person giving Information Mary Fratantuono				How related to deceased Grand Daughter		

CAUSES OF DEATH

Primary Aphoplexy	How long 4 days
Immediate X	How long

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician W.C. Larsson
	Address Chesapeake City

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Joseph Warrick

CERTIFICATE OF DEATH

Died at Concord		Town	County Cecil		MARYLAND	
Date of death 1907	Month 11	Day 22	Years 66	Age	Months	Days
Sex Male	Color or Race Black			Birth-place Concord		
Occupation Laborer	Where Residing if not at place of death					
Married, Single or Widowed Widower	Name or Wife or Husband	Unknown		Father's Birthplace Concord		
Father's Name Unknown			Mother's Birthplace Unknown			
Mother's Maiden Name "			How related to deceased Son			
Name of person giving information Samuel Warrick	X 20					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Nephritis, Cystitis, Complicated
with bronchitis & Atherosclerosis =

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

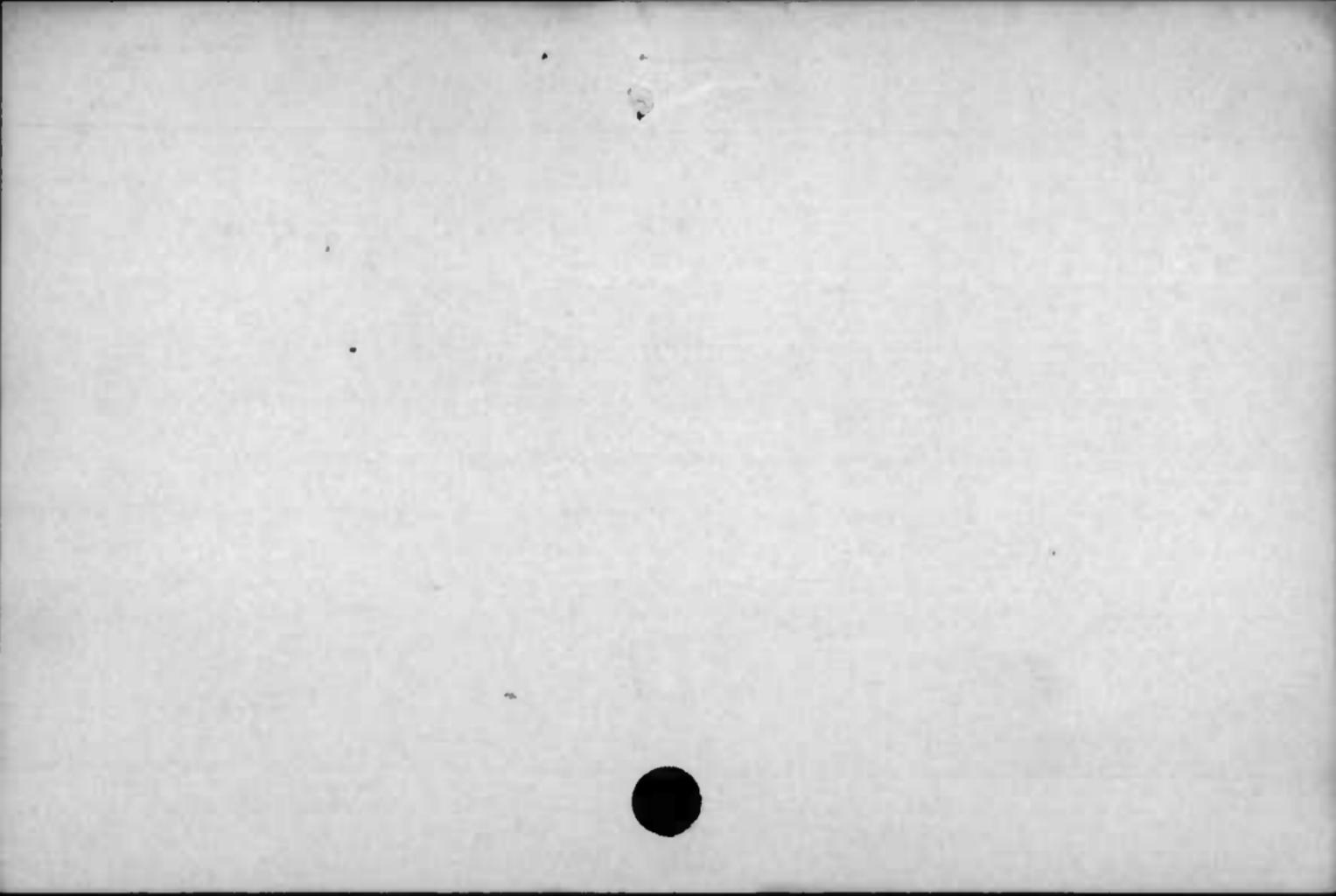
S. B. Pearson, M.D.

Address

Middletown Del

Accident or Suicide?

Copied from note, H.B.



Name in Full

Certificate of Death

George Warwick.

Died at

1903

Date

Male
 Female

Month Day | Y. M. D.

Nov 6 | Age 35

County

Warwick

Cecil

MARYLAND

Husband of

Wife

Father's Name

George Warwick

Mother's Name

Mary. Simpson.

Cause of Death

Primary

Tuberculosis

How long sick

1 year

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. Wm Jeter M.D.

Address

Sassafras, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Richard Williams, Colo.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death 1903	Month Nov	Day 22	Years X	Months 5	Days X
Sex	Male	Color or Race	Colored	Birth-place	Teds Ind
Married, Single or Widowed	X	Occupation	X		
Name of Wife or Husband	X				
Father's Name	Richard Williams	X	X	Father's Birthplace	Ind
Mother's Maiden Name	May Dawson			Mother's Birthplace	Ind
Name of person giving information	Richard Williams			How related to deceased	Father

CAUSES OF DEATH

Primary

Unknown

How long

Immediate

Convulsion

How long

6 hours

Are the name, age, sex, color, date and place correctly given above?

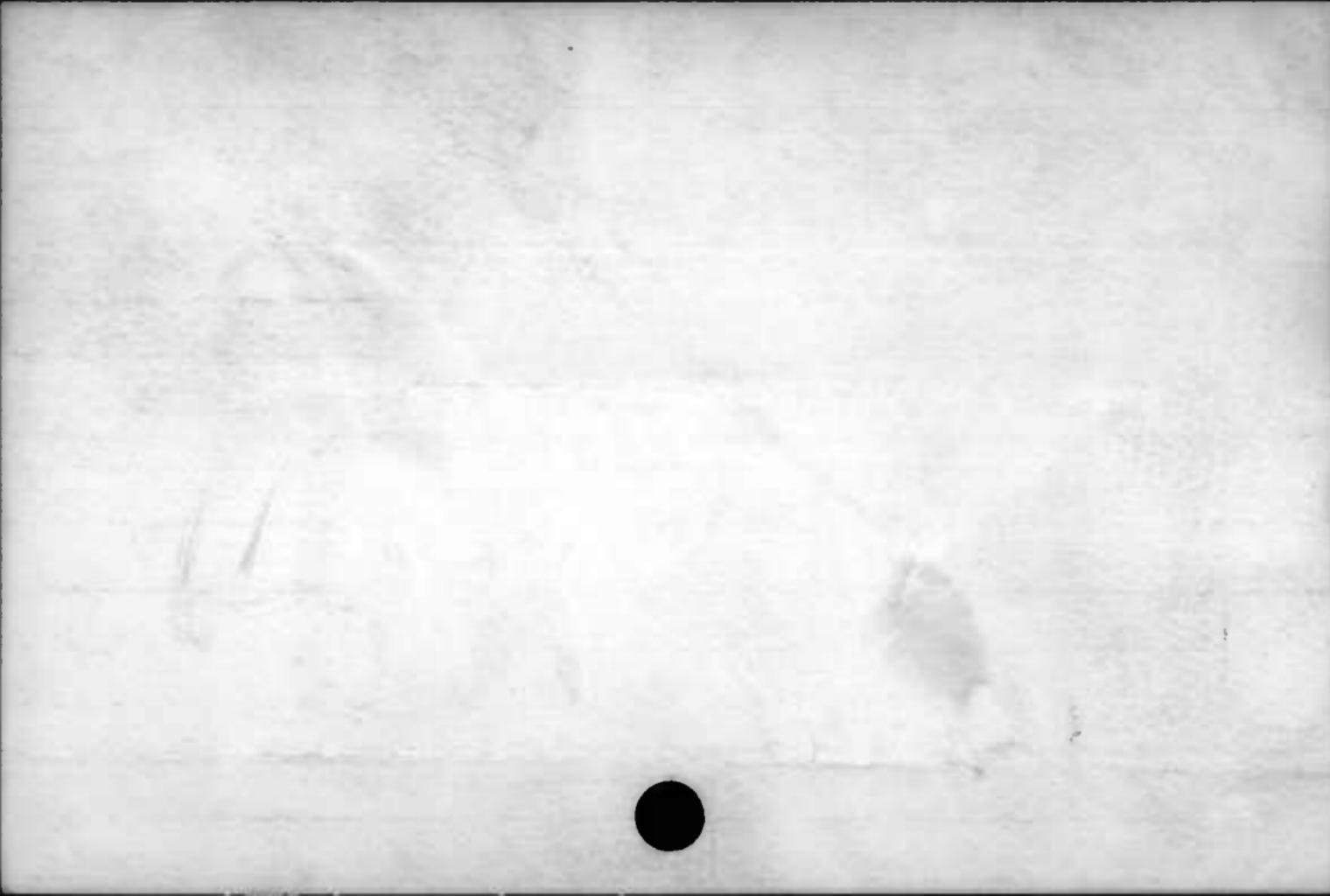
Yes

Signature of Physician

Address

J S Whitaker
Cherry Hill Ind

Accident or Suicide?



Name
in
Full

Emma Jane Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birthplace			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Asbury Wilson				
Father's Name	Alecus Bridgeman					
Mother's Maiden Name	Elizabeth Marcuson					
Name of person giving Information	Asbury Wilson					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Of opacity

How long

4 days

Immediate

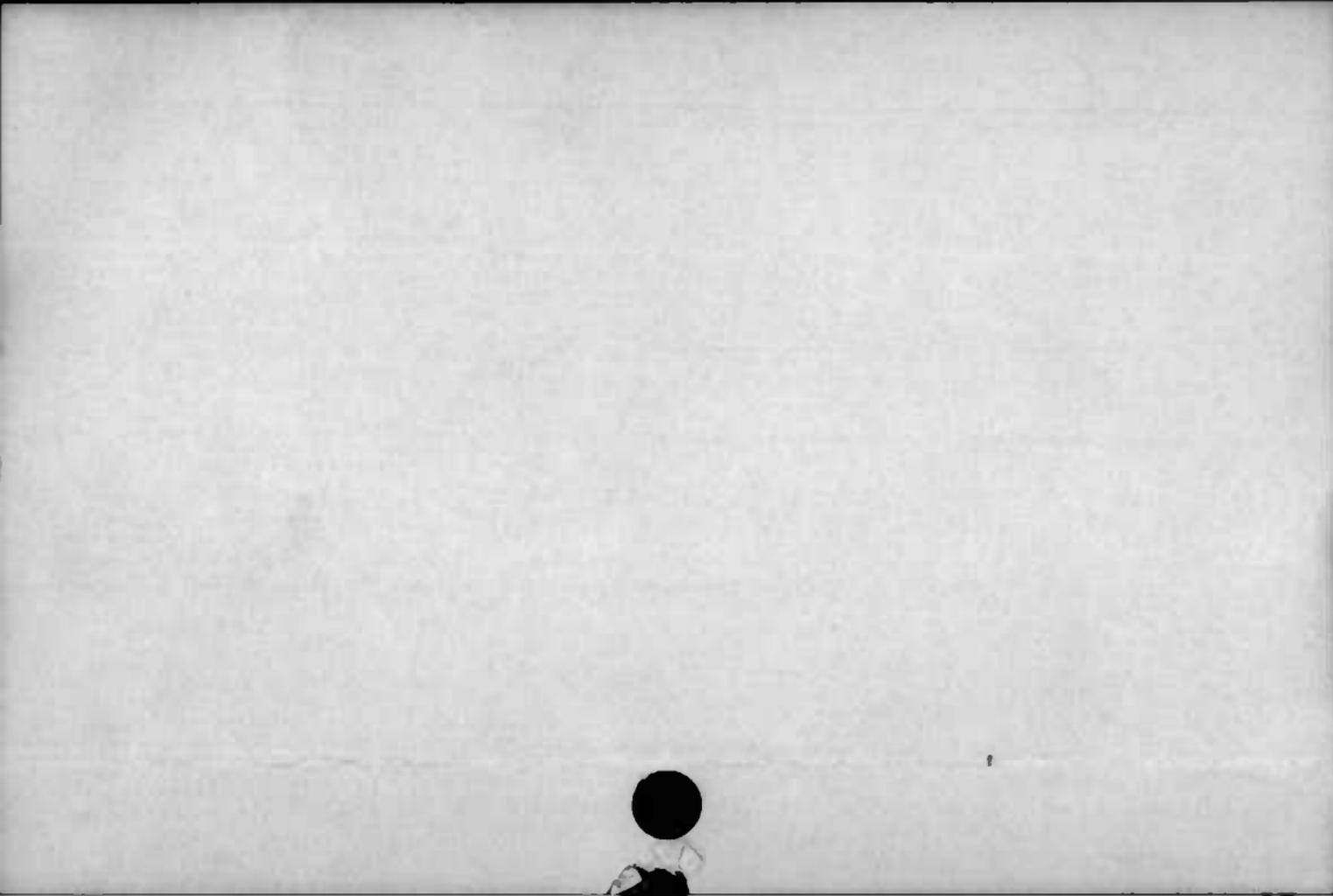
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

B. H. Deuel
N. Eustis

Accident or Suicide?



Name in Full

Certificate of Death

Fred G. Wilson 60th;

Town

County

MARYLAND

Died at

Baltimore Cecil

Date 1903

Month Day

Y. M. D.
Age 33

Native of

Md

Occupation

Carpenter

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

164.

Wife

Father's

Name

Charles W. Wilson

Mother's

Maiden Name

Elizabeth Fisher

Cause of

Primary

Concussion of brain & skull 3 hours

How long sick

Death

Immediate

Hemorrhage

Accident, Suicide, Homicide

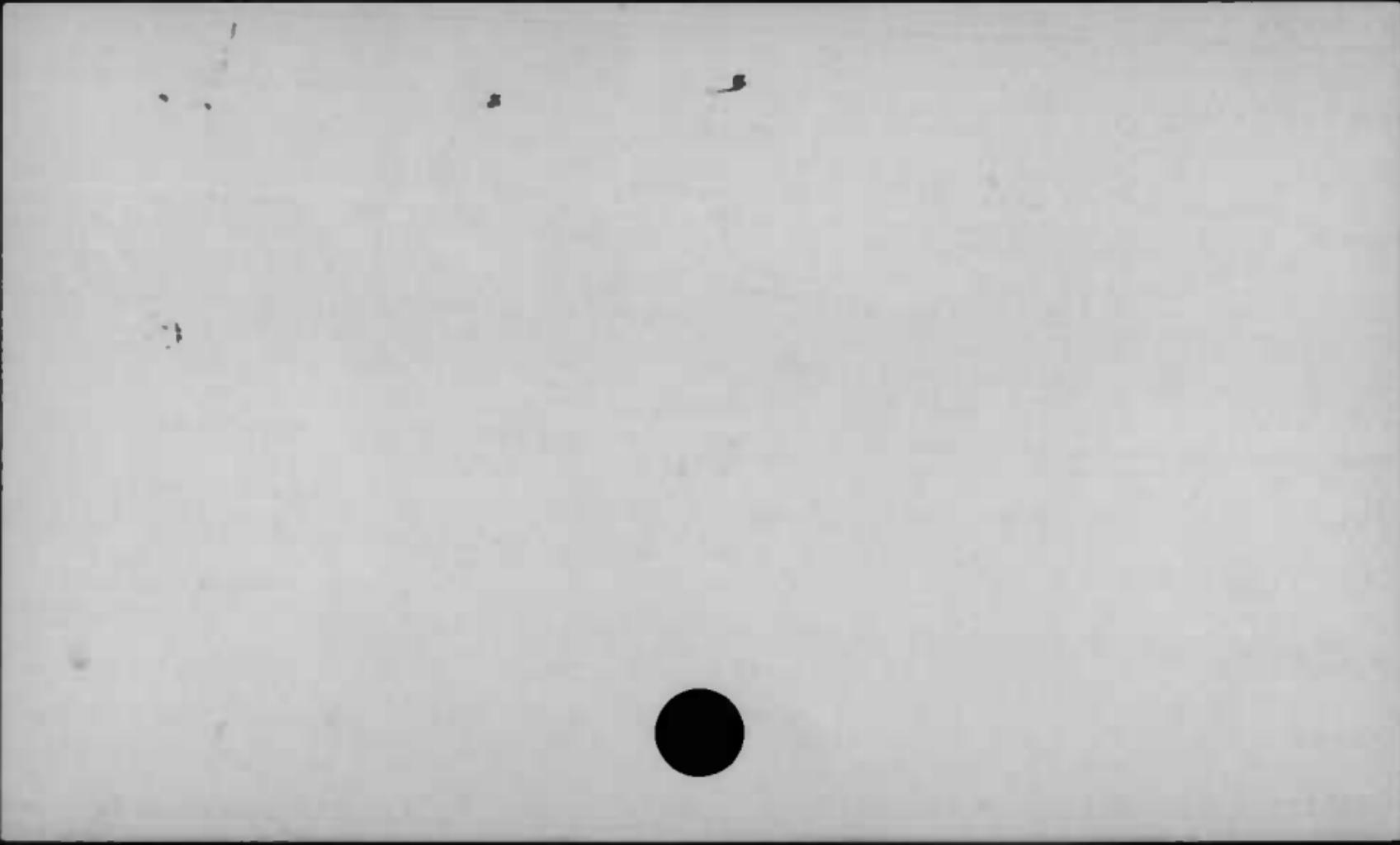
Reported by

Dr Geo S. Davis

Address

Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Isaac Wilson

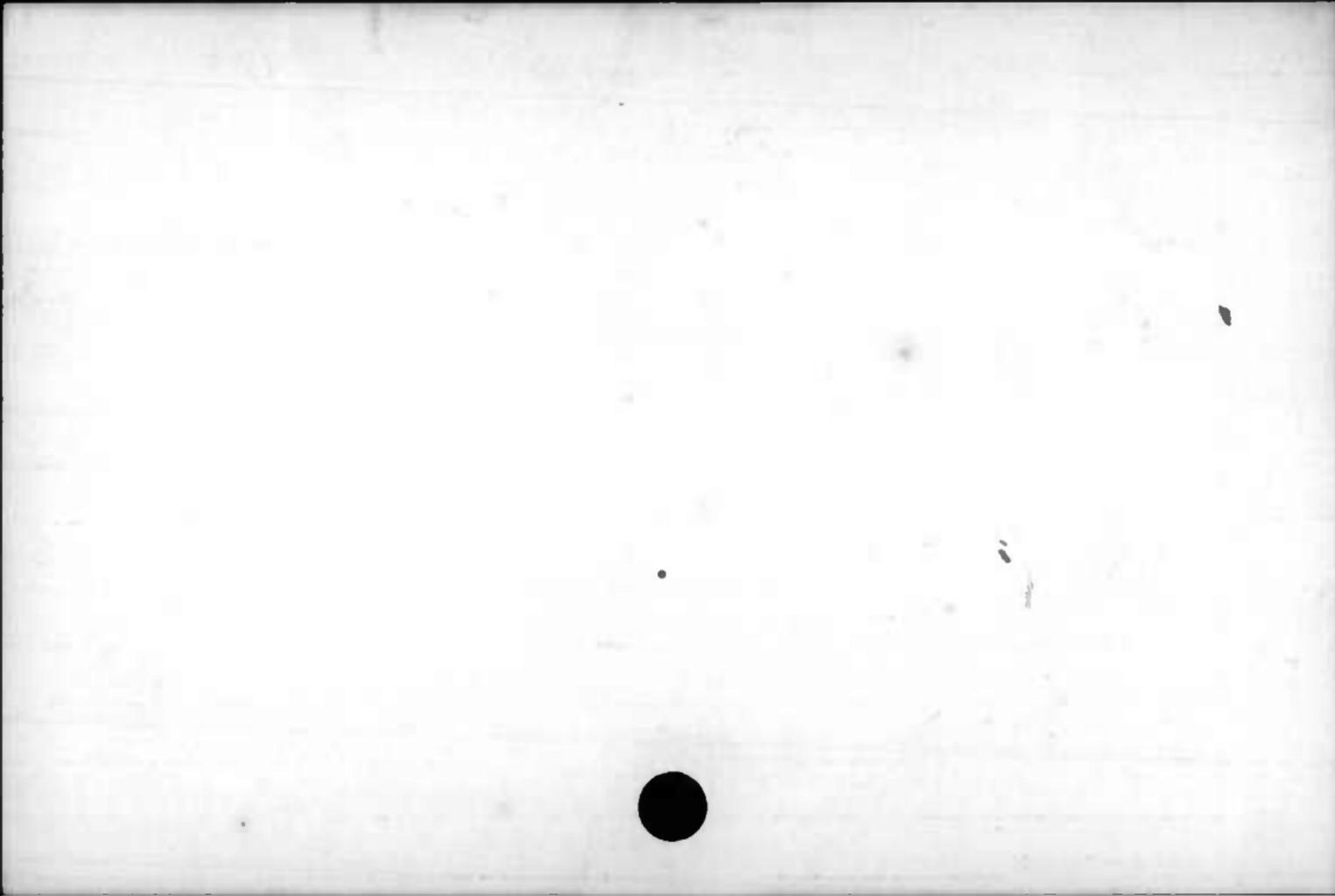
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at Earlville		County Cecil		MARYLAND		
Date of death 1903	Month 11	Day 1	Years Age 35	Months	Days	
Sex male	Color or Race negro			Birth- place Cecil co		
Married Single provisioned	Occupation Farm Laborer					
Name of Wife or Husband Ann M. Wilson						
Father's Name Perry J.	..		Father's Birthplace Cecil co			
Mother's Maiden Name	Mother's Birthplace Cecil co					
Name of person giving Information Philly Wilson	How related to deceased Brother					

CAUSES OF DEATH

Primary Albuminuria	How long 18 months
Immediate Conjestion lungs	How long 24 hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician E. J. Bradford D.M.
	Address Cecil Co. Md.
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days	
3 Nov	Nov	1st	60	6	5-	
Sex	Color or Race	Occupation	Given			
Female	White	Nurse				
Married, Single or Widowed						
Husband						
Father's Name	Jacob Novakow	154	Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving Information	Emma Smith		How related to deceased	none		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old age

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

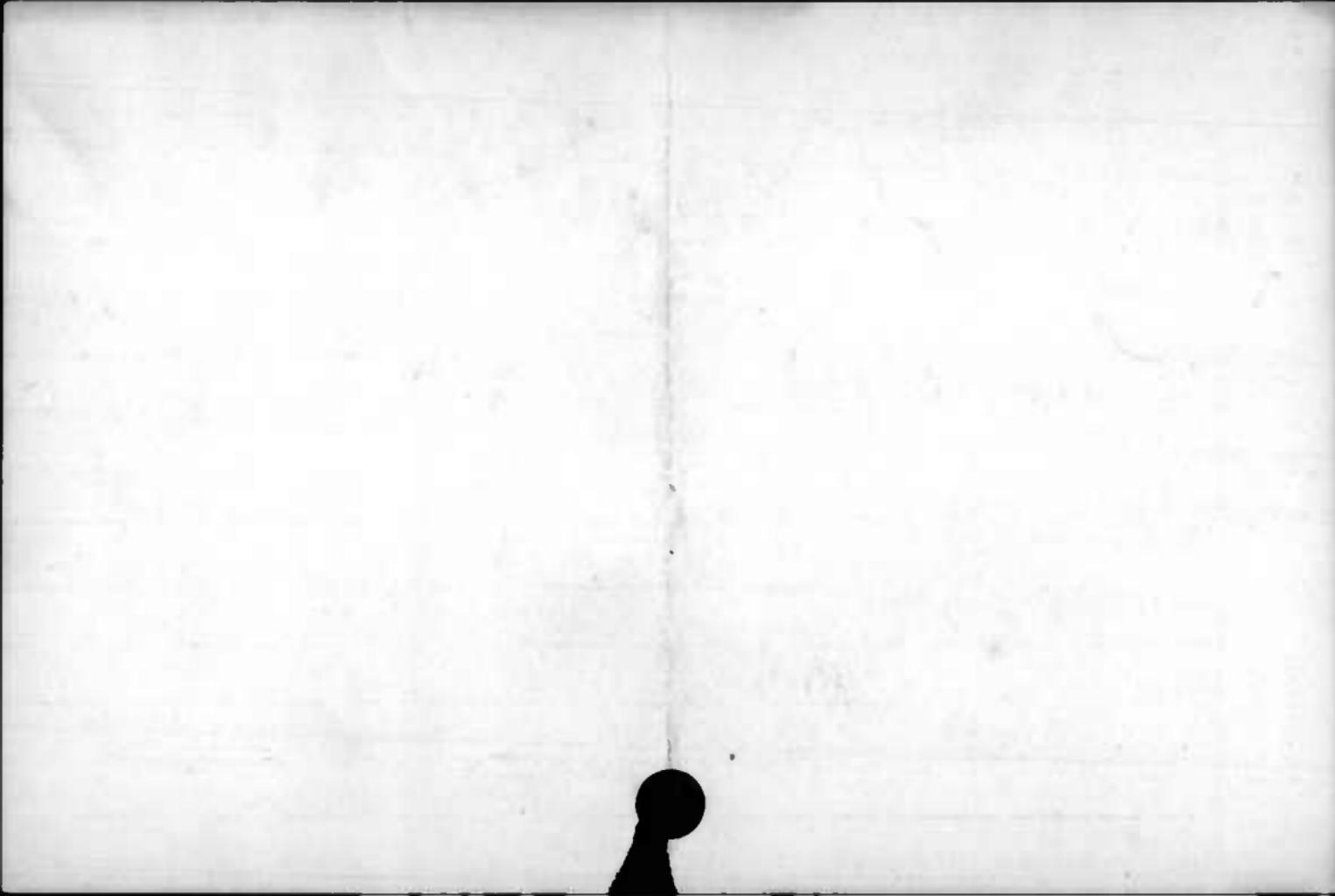
Yes

Signature of
Physician

Address

Dr. Hoffman and
Brown and

Accident or Suicide?



Name in Full

Certificate of Death

Died at Almyshwa Town John County Ocei MARYLAND
 Month Nov Day 3

Date 19	<u>19</u>	Age	<u>33</u>	M.	D.	Native of	<u>Ceei</u>	Occupation	<u>Cook</u>
Male	<u>White</u>	Married	<u>Never</u>	<u>White</u>	<u>Widower</u>	Divorced	<u>Number of children living</u>	<u>12</u>	
Female	<u>Colored</u>	Single	<u>Never</u>						

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

3 weeks

Accident, Suicide, Homicide..

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

ab

